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Department of Communication

College of Liberal Arts

Family Communication Patterns and African-American Adolescent
Females' Self-Reported Use of Condoms

by

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in partial fulfillment of the Master of Science degree
in Communication & Media Technologies

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FAMILY COMMUNICATION PATTERNS AND AFRICAN-AMERICAN ADOLESCENT
FEMALES' SELF-REPORTED USE OF CONDOMS

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Abstract

African-American females are the fastest growing HIV/AIDS population in the U.S. The best preventative measure after abstinence is condom usage. Although the importance of condom usage is widely publicized, it is not always adopted. In trying to identify ways to increase adolescents' condom usage, past research has shown that positive communication between parents/guardians and adolescents has increased their condom usage and caused condom usage to be more consistent. This pilot study explores the relationship between African-American adolescent females and parents/guardians and if open communication about sexual intercourse and contraceptive usage increases adolescent condom usage. Data have been collected from self-administered surveys as well as a focus group, constructed of African-American female adolescents, ages 15-16.

Keywords: family communication, health communication, teen sex, safe sex, adolescent health

Family Communication Patterns and African-American Adolescent**Females' Self-Reported Use of Condoms**

According to the Centers for Disease Control and Prevention (CDC), African-Americans account for 13% of the US population and 49% of new HIV (human immunodeficiency virus) infection cases. The CDC also reports “of the AIDS cases reported to the CDC in 2006, 49% were among Black adults and adolescents.” Moreover, African-American women account for 66% of the newly reported AIDS cases, almost 11 times more than that of White women. African-American adolescents ages 13-19 have also been disproportionately affected by the HIV/AIDS epidemic. They represent 15% of teenagers in the US and 69% of new AIDS cases reported among all adolescents. Clearly, HIV/AIDS has had a disproportionate impact on the entire African-American community.

In 2008, the CDC recalculated the size of the HIV/AIDS epidemic and stated that there were 40% more new infections each year than they previously thought. For years, state governments were only required to list the new number of AIDS cases, not new HIV cases. This change didn't take place until 2008, meaning the numbers will definitely rise. According to a survey conducted by the Kaiser Family Foundation, (<http://www.kff.org/kaiserpolls/posr042809pkg.cfm>), although it has been announced that the U.S HIV epidemic is much larger than originally believed, “the share of Americans naming HIV/AIDS as the most urgent health problem facing the nation dropped precipitously from 44% in 1995 to 17% in 2006 and to 6% now.” Groups that are at higher risk to contract HIV/AIDS view the epidemic as being less urgent and are talking about it the least.

According to the CDC, African-American women and adolescent females are the fastest growing HIV/AIDS populations. It is the leading cause of death for Black women ages 25–34 and the third leading cause of death for Black women ages 35–44. The leading cause of HIV/AIDS infection in women and female adolescents is unprotected sex. The importance of condom usage is well-known but their use is not always adopted. Many adolescents do not recognize their increased risk for contracting HIV/AIDS by not using condoms.

For the past few decades, researchers have been examining ways to decrease adolescents' sexual risk behaviors. Most of these studies were based on male adolescents. It was not until recently that studies have begun to focus on urban and female adolescents. According to Grunbaum, Kann, Kinchen, Williams, Ross, & Lowry (2002), "urban and minority youth report earlier ages at sexual initiation and higher overall rates of sexual activity than any other adolescents" (p. 322).

In trying to identify ways to increase adolescents' condom usage, past research has shown that communication between parents/guardians and adolescents has increased their condom usage and caused condom usage to be more consistent, (Hutchison, 2002; Hutchison, et al., 2003; Miller, 2002; & Whitaker & Miller, 1999). According to Hutchison, Jemmott, Jemmott, Braverman, and Fong (2003), "among sexually active adolescents, parent-child sexual risk communication has been associated with more responsible sexual attitudes and behaviors, including greater condom use self-efficacy, more sexual risk communication with male partner, and more consistent condom use" (p. 99). Hutchison is an expert in this field; she has conducted several studies on communication patterns between parents and female adolescents and how those patterns relate to sexual risk behaviors.

Hutchison et al. (2003) examined “the relationship between mother-daughter communication about sex and selected sexual risk behaviors among inner-city adolescent females” (p. 98). This study surveyed 682 sexually active females ages 12-19 who attended a clinic in Philadelphia, PA, and who were recruited to take part in the survey. Urban adolescents report that they engage “in first intercourse two years earlier than their non-urban peers” (p. 99). Based on Hutchison’s (2002) past research, it was learned that “inconsistent condom use places sexually active adolescents at even higher risk for STIs including HIV” (p. 239).

The purpose of the Hutchison et al. (2003) study was to “(a) examine the relationship between mother-daughter sexual risk communication and selected sexual risk behaviors among urban adolescent females; and (b) identify potential mediators of these relationships” (p. 100). The participants were randomly placed in one of three groups, “an information based HIV risk-reduction intervention, a skill-based HIV risk-reduction intervention, and a general health promotion intervention, which served as the control group” (p. 100). The participants filled out questionnaires three different times: 3-6 months after the initial survey and then again six months later. The surveys asked questions about their sexual behavior and “psychological measures.” The questionnaire was “pilot tested to ensure that items were clear and appropriately worded” (p. 100). The results of the survey indicated that the participants were at great risk for contracting sexually transmitted diseases because they reported having a “number of male sexual partners...and a number of days on which the respondent had unprotected intercourse (intercourse without a condom)” (p. 101).

Hutchison et al. (2003) assessed “sexual risk communication between mothers and daughters...by the adolescents’ responses to five “yes”/ “no” items” (p. 101). “Have you and your mother ever talked about...sexual intercourse, birth control, AIDS, STDs, and condoms” (p. 101). The preliminary analyses determined that “whether or not condoms had ever been discussed with mothers showed a stronger negative association with the occurrence of unprotected intercourse than any other single communication item” (p. 102). They also determined that increased levels of risk communication between mother and daughter were associated with a decrease in the number of occurrences of sexual intercourse at the first follow-up. This study supported previous research in that “sexual risk communication between mothers and daughters provides protection against HIV-related sexual risk behaviors, number of episodes of sexual intercourse, and number of days of unprotected intercourse” (p. 104). The findings also “support the notion that mothers who communicate with their daughters about sex can affect their daughter’s sexual behaviors in positive ways” (p. 105).

Research Questions

Hutchison et al. (2003), as well as previous studies, focused on sexually active female adolescents. As previously stated, African-American females are the fastest-growing HIV/AIDS population; this pilot study will build on earlier research and explore to what extent open parent-child communication encourages African-American female adolescents to use condoms and/or increases condom usage.

RQ1: To what extent do adolescents who report having open communication about sexual activity with their parents/guardians report that they are more likely to use condoms than adolescents who do not report having open communication with their parents/guardians?

RQ2: To what extent do adolescents who report having a positive relationship with their parents/guardians report that they are more likely to use condoms than adolescents who do not report having a positive relationship with their parents/guardians?

RQ3: How do African-American females' self-reported communication patterns compare to their perceived threat about seriousness of HIV/AIDS?

RQ4: Can open communication between parent/guardian and adolescent be used as an instrument to increase condom usage?

Rationale

African-American female students are significantly more likely to have had sexual intercourse than White or Hispanic students (Grunbaum et al., 2002, p. 321). About 30% of African-American students report not using a condom the last time they had sexual intercourse. This rate increases to 44% among urban African-American adolescents" (Grunbaum et al., 2002, p. 321; Kann, 2001). These alarming statistics and the disproportionate rate at which HIV/AIDS is spreading throughout the African-American community, proves that studies need to be conducted to learn the most effective ways of influencing African-American female adolescents to use condoms.

There are currently several media AIDS campaigns that specifically target African-Americans. In 2004, The Black AIDS Institute produced several TV and radio PSAs using Black celebrities as spokespeople. Black Entertainment Television created the Rap-It-Up program, which promotes condom usage, and MTV runs PSAs about the importance of HIV testing throughout the year. These campaigns try to promote AIDS awareness and the

importance of being educated about the disease, as well as urging testing and treatment if necessary.

Surveys conducted by the Black AIDS Institute (<http://www.blackaids.org>), state that 20% of people living with HIV/AIDS do not realize that they are infected. Open communication between parent and adolescent about sex will also teach awareness and safety. According to Romer, Black, Ricardo, Feigelman, Kaljee, & Galbraith, (1994), “parenting styles are related to several aspects of childhood development including risky sexual behavior and delinquency” (p. 977).

The fact that HIV/AIDS is one of the leading causes of death for African-Americans, especially women and female adolescents, prompts a need to investigate possible reasons for this as well as preventative methods that can be used to help reduce the rapid growth of this deadly epidemic. According to the Centers for Disease Control and Prevention, “research has clearly shown that the most effective programs are comprehensive ones that include a focus on delaying sexual behavior *and* provide information on how sexually active young people can protect themselves” (Centers for Disease Control and Prevention, 2002).

“Parents’ sexual values and sexual communication with their children exert significant influences on adolescents’ attitudes towards sexuality, their initiation and participation in sexual activity, and their use of contraceptives and condoms” (Hutchison, 2002, p. 238). If programs are created that can increase parent-adolescent communication about contraceptive usage, particularly African-American females, the rate at which they are contracting HIV/AIDS may decrease.

Hutchison (2002) extended telephone interviews to women whose information was “obtained from the Department of Motor Vehicles in a Mid-Atlantic state” (p. 240). The only criterion was that they had to be born in 1976. “A total of 234 African-American, Latina, and White women participated in the study” (p. 240).

The purpose of this study was to determine “the influence of sexual risk communication between parents and daughters on sexual risk behaviors” (p. 238). This study examined the role of the father as well as the mother’s role in communication. “Fathers may be able to provide daughters with unique perspectives, enhance their overall understanding of men, and provide opportunities to role-play communication strategies with men” (p. 238).

Parent-adolescent communication was determined by assessing answers to different items such as “when you were in high school, how well could you and your mother/father share ideas or talk about things that really mattered to you” (p. 240). The results were based on a four point scale, “1 = not well at all to 4 = very well” (p. 240). Parent-adolescent risk communication was determined by responses to items such as “when you were growing up, how much information did your mother/father share with you about...contraception, STDs and HIV, condoms, pressure from boys to have sex” (p. 241). The results were based on a five point scale, “1= nothing/none to 5 = extensive/everything” (p. 241).

Adolescents who report discussing condoms with their mothers before becoming sexually active are almost three times more likely to use condoms (p. 239). Hutchison tested this by determining “young women’s reports of condom usage frequency during adolescence” as it relates to reports of mother-daughter communication about condoms. The study found that, “communication with the mother about condoms, and sexual communication prior to sexual

debut were significant predictors of consistent adolescent condom use” (p. 243). Hutchison (2002) also found that, “although fathers provided daughters with little information regarding sexuality, daughters reported fathers were important sources of support” (p. 245). The women who completed the survey reported that they would have liked to talk to their fathers more about sex because it might have helped them “understand men” and “resist pressure from men to have sex.”

Although the study conducted by Hutchison provided pertinent information that can be used in this and future studies, they realized that their information is limited because of their use of a selective sample. Hutchison’s study concentrated on past communication and the influence of parents over adolescents. Asking individuals to remember conversations they had had with their parents and their condom usage over 10 years ago can cause findings to be skewed and less accurate.

Despite the fact that research on the subject of family communication patterns and its relation to adolescent sexual risk behaviors have been conducted, these studies have focused on selective samples (i.e., sexually active females, females who are members of STD clinics, inner city females, or older females). The benefit of these studies is that variables and questions that will be used to determine communication levels have been tested and operationalized.

Past research has also identified errors and limitations that can be avoided in this and future studies. Survey questions used in Hutchison’s 2003 study found that asking adolescents whether certain types of communication “ever” occurred was not the best way to “quantify the amount of communication that occurs” (p. 105). The survey used in the present pilot study will ask “how often” certain types of communication occur to obtain more sensitive measurements.

Although this project has limitations, the findings will be helpful in assessing if open communication increases African-American female adolescents' condom usage in Rochester, NY. If the research findings concur with past research that states the positive communication does in fact increase condom usage (Hutchison, 2002; Hutchison 2003; Miller, 2002; Whitaker, 1999) Planned Parenthood, and possibly other community-based organizations, may look into offering classes that coach communication skills/techniques, and persuade parents to have open communication with their children about condoms, sex, and HIV.

Methods

Procedures and Participants

“About 16% of female African-American students report having initiated sexual intercourse before age 13” (Grunbaum et al., 2002, p. 321). A survey of sexually active and inactive females, ages 15 -16 who are 9th - 11th grade students, will be administered. This pilot study's focus is on African-American adolescent female students who live in an urban section of Rochester, NY. Planned Parenthood created a program named IN-CONTROL. “IN-CONTROL is a unique program linking reproductive health care, community education, and comprehensive neighborhood outreach in order to reduce teen pregnancy rates in the southwest and northeast areas of the City of Rochester,” (www.pprsr.org/incontrol/).

In 1993, Planned Parenthood of the Rochester/Syracuse Region, in collaboration with two other community agencies, the Urban League of Rochester, New York, and Baden Street Settlement, Inc, created the IN-CONTROL program due to the fact that Rochester, NY had the highest rate of teenage pregnancies in the U.S, particularly on the city's west side.

The purpose of the pilot study is to try and validate an instrument (open communication) that may be used to increase adolescent condom usage.

The director of the program, Lamar Powell, provided the initial consent to have the surveys conducted. The outreach education coordinator, Stephanie Bliss, read through and approved all materials—the parent/guardian consent form, child assent form, surveys, and focus group questions (see Appendices A–D). In our initial conversation the purpose, usefulness, and benefit of the survey and focus group were clearly expressed, as were the personal, scholarly, and social reasons for this pilot study.

The outreach education coordinator forwarded the consent forms home with her female adolescent students ages 15 - 16, in grades 9th - 11th. Children were only allowed to participate in the survey if IN-CONTROL received a signed consent form from the parent or guardian of the child, as well as the signed child assent form.

The information, provided to the students before the survey began, is worded in a way that attempts to arouse positive social reasons for them to want to participate in the survey.

Measures

Young female adolescents (ages 15 - 16) were asked to complete surveys as well as participate in a focus group. It is possible that some of these adolescents have not fully developed comprehension skills; knowing this, it was very important that the survey be clearly written so they would understand, and the vernacular of the focus group questions had to be explicable. Most of the questions used in this survey have been tested and validated in previous studies, on samples of the same age, (Whitaker, 1999; Hutchison 2003). A few questions have been reworded based on findings (Hutchison 2003) that there were limitations due to wording

style. Stephanie Bliss, the outreach education counselor, has open forums with the female adolescents. She read and approved the questions and was allowed to recommend changes that she felt made the questions clearer and/or more comprehensible.

Scaling system. Yes/No questions will be coded with a “1” for yes, “0” for no. The yes/no questions and scoring used in this pilot study have been validated by Hutchison et al. (2003). Questions using a 6-point scale system, 1 = I Strongly Disagree through 6 = I Strongly Agree, or a 5-point scale system, 1 = Hardly Ever through 5 = Once a Week or more, will be assigned the scale value.

Demographics and family structure. Questions 1, 2, 9, 40-42 were used to segment the participants. This pilot study focuses on African-American females. If the female is African-American she will be coded with a “1”, all others will be coded with a “0.” If they live in an urban community/neighborhood they will be coded with a “1”, suburban and rural with “0.”

Adolescent perceptions of communication with parents/guardians. Questions 3-9, 14-17 were used to identify how adolescent females perceive their communication patterns with their parents/guardians. This was used to compare adolescents who have open sex-related communication versus adolescents who do not. Questions 3-8 use a 5-point scale to measure how often certain types of communication occur. Using 5-3 points as an indication of open communication and 2-1 point as an indication of low to no communication, we looked at the median score to determine levels of communication.

Adolescent satisfaction with parental/guardian relationship (closeness). Questions 10-22 were used to assess communication patterns as they relate to perceived parent-adolescent relationships. These questions use a 6-point scale. Answers given a 4-6 will result in a close

relationship, 6 being the closest. Answers given a 1-3 will result in a non-close relationship, 1 being the least close. We looked at the median score to determine levels of closeness.

Sexual activity. Questions 28-39 were used to assess sexual activity. If a participant stated that they were not sexually active, they were asked to skip questions 29-37.

Condom-related attitudes and beliefs. Questions 6, 25, 27, 31, 33-36 were used to assess beliefs about condoms and condom usage. Perceived communication and relationship with parents were used to provide correlations with self-reported adolescent condom usage.

Beliefs about HIV/AIDS. Questions 23-27, 32 were used to assess self-reported communication with parents as it relates to HIV/AIDS awareness.

Results

A total of 10 adolescent African American females were asked to complete the survey and attend the focus group. Of that, seven parental consent forms were returned, and six females completed the surveys and attended the focus group.

Characteristics of the sample — two females were age 16 and four were age 15; one female was in 9th grade, four in 10th grade, and one in 11th grade. Self-reported sexual behavior of the sample — four out of six females reported that they are sexually active, two of them had sex in the past three months, one with more than one partner. Of the four females that are sexually active, two reported that they used a condom the last time they had sex. Demographic data — five females live in the city and one in a rural area; five females were African-American; one female was Hispanic.

RQ1—Based on the number of students who report having open communication with their parents/guardians (*Adolescent Perceptions of Communication with Parents/Guardians*) in

relation to the number of students who report using condoms when involved in sexual intercourse (*Condom Related Attitudes and Beliefs*), it has been determined that they consistently report that they have open communication with their mothers/female guardians. Sixty-six percent (4/6), of the responders said they would use a condom the next time they had sex, 17% (1/6) was not sure, and 17% (1/6) said they would not use a condom. This could not be compared to adolescent females who report that they do not have open communication with their mothers/guardians.

Although respondents agree they talk with their mother/female guardians about boys (4.6) two or three times per month, and talk to them on average of once a month about the pressure to have sex (3.0), they discuss birth control pills (2.1) and HIV/AIDS (2.3) much less frequently, if at all.

It was determined that most of the respondents agree that their mother/female guardian knows how to (4.0) and freely (4.6) talks to them about sex. This answer was further solidified, when all disagreed when asked if their mother/father does not talk to them about sex (1.6).

All respondents believe that condoms reduce the risk of getting HIV/AIDS and talk to their mother/female guardian about condoms (3.0), but only 83% (5/6) believe that condoms reduce the risk of females contracting HIV/AIDS.

RQ2—Based on the number of students who report being close with their parent(s) (*Adolescent Satisfaction with Parental/Guardian Relationship*) in relation to the number of students who report using condoms (*Condom Related Attitudes and Beliefs*), it has been determined that they all agree they are close to their mother/female guardian (4.8), not all of

them report that they will use condoms the next time that they have sex, only 66%. They highly report that they are not close to their fathers (2.6).

They feel their parent/guardian tries to understand how they feel about boys (4.3), and they talk about sex (4.3/1.6), but to a lesser extent their parents understand how they feel about sex (3.8). They fear that asking questions about sex will lead their parents to believe they are having sex (4.3). Four of the six females reported that they are sexually active, but only one reported that their mother/female guardian knows that they are having sex.

It is important to note that although they agree that they can talk freely about sex (4.3), half of them feel that they are being lectured to, rather than talked with. They do not believe that their mother/females guardian even has enough knowledge about these topics to talk to them (2.1).

They all agree they feel they are close to their mother/female guardian (4.8), but that their mother/female guardian does not want to know where they are when they are not home (3.8).

Of the females that are sexually active, all of them report that they talked to their last partner about condoms, and about HIV/AIDS, however, only two of the four used a condom the last time they had sex. The same two females report that they always use a condom when having sexual intercourse. One of the sexually active females reported that she did talk to her partner about condoms but did not use one because she feels they are a waste of time.

We cannot report to what extent adolescents who do not report having a positive relationship with their parents/guardians report that they use condoms because all participants report having a positive relationship with their mother/female guardian.

RQ3—The number of students who report having open communication with their parents (*Adolescent Perceptions of Communication and Adolescent Satisfaction with Parental/Guardian Relationship*) in relation to their (*Beliefs about HIV/AIDS*) will assess if open parent-adolescent communication and/or positive relationships increase African-American female adolescents knowledge about HIV/AIDS.

They all agree that feel they are close to their mother/female guardian (4.8), and that condoms reduce the risk of people contracting HIV/AIDS (6/6). However, they do not all agree that condoms reduce the spread of HIV/AIDS in females (one of the six does not). They do not believe that their mother/female guardian wants to know their questions about sex (3.8) or their questions about HIV/AIDS (3.5).

African-American female self-reported communication patterns with their mother/female guardian are high (4.8) as well as their perceived threat about the seriousness of HIV/AIDS. When asked if they knew what AIDS was, 100% wrote yes; the same was true when asked if they knew what HIV was. When asked what percentage of female teenagers do they think are infected with HIV, two respondents wrote 80%, two 40%, and two were correct with 60%; no respondents selected 20% as an answer. Although they believe that the rate in which teenagers contract HIV is high, 66% (4/6) of the responders said they would use a condom the next time they had sex, 17% (1/6) was not sure, and 17% (1/6) said they would not use a condom.

In addition to the survey, a focus group was conducted. When asked how often have you had conversations with your parents/guardians about sex, the responses were across the board, from all the time to never. Five of the six females said that they have had at least one conversation with their mother/female guardian about sex. There was consensus that they feel

more comfortable talking to a counselor at IN-CONTROL about sex. One female said that she and her mother were very close, and that she can tell her and talk to her about anything.

When asked when you talk about sex what do you talk about, the females reported that they talk to their friends about what boys they have crushes on, who they are dating, who they think is cute, and things of that nature. All but one respondent said they do not talk to their peers about who they are having sex with because “girls talk too much.”

One of the respondents stated that she has a friend who she has been a best friend with since she was 5, and that is the only person she talks to about sex. Even though she is a member of IN-CONTROL, she is still shy when it comes to talking about sex with adults. The other five females stated that they feel comfortable talking to Ms. Stephanie about anything.

When asked how often have you had conversations with your parents/guardians about the different forms of contraceptives all of the females began laughing. Although the survey results show that four of the six females are sexually active, only one female said that she was sexually active in front of the group. The same female talks to her mother about sex, and about birth control. One female said that she has talked to her mother about condoms but that they have only talked about it once.

The female that reports having very open communication with her mother stated that she went to her mother directly and began asking her questions about sex and about birth control. Two girls reported that they would talk to their mother/female guardian if they believed that they would be talked to and not lectured.

When asked, “Do you feel comfortable talking to your parent/guardian about sex? Why or why not?” one of the females was Stephanie’s younger sister. She said that she goes to

Stephanie to talk about sex because she does not feel that she could go to her mother. One female was completely comfortable talking to her mother about sex.

Five of the six respondents said that they knew the word contraception referred to condoms and birth control pills. After the term was clarified, all females said they believed the male was responsible for contraceptives. Four of the females stated that they would not walk around with condoms because they would be considered easy.

When asked have you talked to your parents/guardians about sexually transmitted diseases, two of the respondents said they had. One said that she talked to her father about them. He told her to stay away from boys because they all had STDs. He also told her that it is very important to use condoms. She said that she has not had any additional conversations with him or with her mother about sex.

When asked how did you hear about the IN-CONTROL program, there were several different responses — “from my friend at school,” “I saw them performing at the Main St. Armory,” “I have been coming here to use the music studio and found out about it from coming here.” They all were very happy with the program and invite their friends to come and join. The members of the program are required to attend different functions throughout the year where they have to teach other teens about the IN-CONTROL program.

RQ4—Based on the findings from RQ1-RQ3, self-reported levels of communication and self-reported levels of condom usage were ascertained. The females were asked several questions about the perceived communication patterns and relationships with their parents/guardians, as well as about their beliefs in condom usage.

There is a positive relationship between African-American female adolescent self-reported communication patterns (and satisfaction with that communication) with their parents/guardians and their self-reported condom usage. It is possible that open communication can be used as an instrument to increase adolescent condom usage. Consistent with past research, knowledge about the hazards of unprotected sex is not enough to prompt adolescents to consistently use condoms (Romer 1994; Miller 2002).

The results have been calculated, and the information has been shared with the members of the IN-CONTROL program. The results can also be shared with other community outreach organizations. The information can be used to create programs that help encourage parents/guardians to have open conversations with their children about precautions that should be used if they are to get involved in a sexual relationship as well as the perils that they face if that is the decision they choose to make. “Parent-teenager communication may encourage teenagers to use condoms, but only if parents are skilled, comfortable, and open in discussions about sexuality and risks related to sexual behavior” (Whitaker et al., p. 120).

Limitations and Implications for Further Research

As with all self-reported data, the findings are limited. Although data are collected from urban female adolescents, the focus of this particular pilot study is on African-American female adolescents. It is difficult to compare this pilot study with other research due to potential differences (different sample sizes, different sample participants, and different societal factors). The sample size was also very small. Although the results are kept confidential and anonymous, there were a couple of girls who decided not to participate.

This pilot study used a selective sample — urban females; the sample will not be representative of all female adolescents in the geographic area. Data were collected from female members of the IN-CONTROL program, the members of the program work with counselors who talk to them about pre-marital sex. Three of the respondents have been used in a focus group conducted by the University of Rochester.

The data collected does not measure all aspects of communication patterns between female adolescents and parents/guardians. The data obtained is from the adolescent females only; surveying parents about their communication patterns with their children would be helpful in assessing parental responsiveness and their perceived levels of communication.

The analyses determined that whether or not condoms had ever been discussed with mothers showed a negative association with the occurrence of unprotected intercourse. They also determined that increased levels of risk communication between mother and daughter were associated with self-reported future use of condoms. This study supported previous research in that communication between mothers and daughters provides protection against sexual risk behaviors.

Additional research is necessary if programs are to be created that educate parents/guardians on increasing positive communication patterns with their children about sexual activity, HIV/AIDS prevention and/or condom advocacy. Programs of this nature can be used in Rochester, NY or any city in the US. HIV/AIDS awareness needs to be given more attention, particularly in African-American communities. They no longer view the epidemic as being as alarming as it once was, even though the statistics are not changing. According to the Kaiser Foundation, “The reasons are not directly related to race or ethnicity, but rather to some of the

barriers faced by many African Americans...poverty, sexually transmitted diseases, and stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS).”

Past research has shown that there are positive correlations between parents and female adolescents’ communication patterns as it relates to adolescent condom usage. A stepped experiment would test communication styles and techniques that are the most useful in promoting consistent condom usage in African-American female adolescents. A stepped experiment would also be able to test exactly what messages are most effective. The parents/guardians messages, styles, techniques, etc. could be tested over a period of time, measuring changes in the participants’ sexual behavior and self-reported condom usage.

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Appendix A
Parental Consent Form

Parental/Guardian Consent Form

We are sending this parental consent form both to inform you and to request permission for your daughter to participate in a survey that will be conducted at In Control, a subsidiary of the Urban League of Rochester, NY. The survey will contain questions regarding sexual activity and contraception usage.

The survey will take your child about 10-15 minutes to complete. The survey will ask your child questions about the kinds of conversations that they have with you about sex and contraceptive usage. These topics may be uncomfortable for them, but we are asking them to fill-out an assent form giving us permission to conduct the survey as well. The survey is voluntary and they can change their mind at anytime. If they have any questions, Lamar Powell, Stephanie Bliss, and Natasha Hibbert will be available to answer any questions.

The purpose of this survey is to evaluate female adolescents' communication patterns with their parents/guardians and how this relates to their self-reported use or knowledge of condoms.

Personally identifiable information will not be collected from your child when completing this survey. The surveys are anonymous, only demographic (age, grade, and race) information will be collected.

The staff at In Control and the Urban League will receive a copy of the results from this study. They will receive a write-up summarizing the findings from the survey, along with research that I have collected on the topic. If requested, you will receive a copy of the results of this study as well. You will NOT be able to receive a copy of your child's survey because names will not be collected.

If you, as the parent or guardian, wish to withdraw this agreement, you may do so at any time in writing by sending a letter to Lamar Powell at 470 W. Main Street, Rochester, NY 14608.

If you have any questions, please feel free to contact Natasha Hibbert at 585.820.0185.

Check one of the following choices:

- ☐ I/We GRANT permission for our daughter to participate in the survey that will be conducted at In Control.
- ☐ I/We DO NOT GRANT permission for our daughter to participate in the survey that will be conducted at In Control.

Student's Name: (please print) _____ Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____

Appendix B

Child Assent to Participate in Research

[Family Communication Patterns and Adolescent Females' Self-reported Use of Condoms]

My name is Natasha Hibbert and I am student at the Rochester Institute of Technology.

We are asking you to take part in a research study because we are trying to learn more about communication patterns between adolescent females and their parents/guardians. We would like to know if adolescents that talk with their parents about sex use condoms more than adolescents that do not talk to their parents about sex.

If you agree to be in this study we will ask you to complete a survey. The survey will take you about 10-15 minutes to complete.

The survey will ask you questions about the kinds of conversations you have with your parents/guardians. There will also be questions about sex. These topics may make you uncomfortable. Remember that your name will not be on the survey, no one will ever know which one you filled-out. If you have any questions while you are taking the survey please feel free to ask myself, Lamar, or Stephanie. If you would like to ask questions in private you can talk to us after you have completed the survey, or you can write your questions down and give them to us.

We are asking you to complete this survey because it is important that we learn how to increase adolescent condom usage. If it is true that the more adolescents talk to their parents/guardians, the more they use condoms, we would like to share this information with as many parents/guardians that we can. We would encourage parents/guardians to talk to their children about the importance of condom usage.

We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.

You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me at 585.820.0185.

Signing your name below means that you agree to be in this study. You and your parents will be given a copy of this form.

Do you understand? Is this OK?

Name (Please print): _____

Signature: _____

Date: _____

Investigator's Signature: _____ Date: _____

Appendix C Survey

Thank you for taking the time to complete this survey. As your counselor has told you, your answers will be used to develop health-related programs for you and other young women. It is important that you answer each question honestly. Your name will not be on the survey, so the survey is anonymous. No one will ever know who filled out the survey.

1. How old are you? _____
2. What grade are you in? _____

The following questions are about conversations between you and your parents/guardians. Please circle only 1 answer to each question using this scale.

5 = Once a Week or more

4 = Two or Three Times a Month

3 = About Once a Month

2 = About Once Every Other Month

1 = Hardly Ever

How often:

3. do you and your parent/guardian talked about boys?	1	2	3	4	5
4. do you and your parent/guardian talked about sexual intercourse?	1	2	3	4	5
5. do you and your parent/guardian talked about birth control?	1	2	3	4	5
6. do you and your parent/guardian talked about condoms?	1	2	3	4	5
7. do you and your parent/guardian talked about HIV or AIDS?	1	2	3	4	5
8. do you and your parent/guardian talked about what you should do if someone is trying to pressure you to have sex?	1	2	3	4	5

9. Looking at questions 3-8, with whom did you most often talk to about those topics?

Mother Only _____

Father Only _____

Mother AND Father _____

Female Guardian ONLY _____

Male Guardian ONLY _____

Female AND Male Guardians _____

Neither Mother/Father or Female/Male Guardian_____

The following questions are about your relationship with your parents/guardians. Please circle only one answer to each question.

Please circle only 1 answer to each question using this scale.

6 = I Strongly Agree

5 = I Somewhat Agree

4 = I Agree

3 = I Disagree

2 = I Somewhat Disagree

1 = I Strongly Disagree

10. I am close to my mother/female guardian.	1	2	3	4	5	6
11. I am close to my father/male guardian.	1	2	3	4	5	6
12. My mother/father tries to understand how I feel about boys.	1	2	3	4	5	6
13. My mother/father tries to understand how I feel about sex.	1	2	3	4	5	6
14. My mother/father knows how to talk to me about sex.	1	2	3	4	5	6
15. My mother/father and I talk freely about sexual topics.	1	2	3	4	5	6
16. My mother/father does not talk to me about sexual topics.	1	2	3	4	5	6
17. My mother/father does not talk to me – they lecture me.	1	2	3	4	5	6
18. My mother/father wants to know where I am when I am not home.	1	2	3	4	5	6
19. My mother does not know enough about these topics to talk to me.	1	2	3	4	5	6
20. My mother wants to know my questions about sex.	1	2	3	4	5	6
21. My mother wants to know my questions about HIV/AIDS.	1	2	3	4	5	6
22. If I ask my mother questions about sex or condoms she will think I am having sex.	1	2	3	4	5	6

Please check only one answer to each question.

23. Do you know what HIV is?

Yes _____

No _____

24. Do you know what AIDS is?

Yes _____

No _____

25. Do you think that condoms reduce the risk of people getting HIV or AIDS?

Yes _____

No _____

Please check only one answer to each question.

26. What do you believe is the correct answer? (Please choose one answer).

_____ percent of female teenagers are infected with HIV.

20% _____

40% _____

60% _____

80% _____

27. Do you think that condoms reduce the risk of females getting HIV or AIDS or any other diseases?

Yes _____

No _____

The following questions are sexual in nature. Please answer honestly, no one will ever know who completed the survey.

28. Have you ever had sex?

Yes _____

No _____

If you answer no, please skip to question 38.

29. Have you had sex in the last 3 months?

Yes _____

No _____

30. Have you had sex with more than one person in the last 3 months?

Yes _____

No _____

31. The last time you had sex, did you use a condom?

Yes _____

No _____

32. Have you ever talked to your partner about HIV/ AIDS?

Yes _____

No _____

33. Do you always use a condom when having sex?

Yes _____

No _____

34. Did you talk to your last sexual partner about condoms?

Yes _____

No _____

35. Do you think that condoms are a waste of time?

Yes _____

No _____

36. Do you think that condoms get in the way?

Yes _____

No _____

37. Does your mother or father know that you are sexually active?

Yes _____

No _____

38. Do you think you will have sex in the next 3 months?

Yes _____

No _____

39. Will you use a condom the next or first time you have sex?

Yes _____

No _____

Not Sure _____

(Please check only one answer to each question asked)

40. What is your ethnicity?

African-American _____

Hispanic/Latina _____

White _____

Asian _____

Other _____

Rural _____

Other _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Appendix D
Focus Group Questions

1. How often have you had conversations with your parents/guardians about sex?
(A lot, never)
2. When you talk about sex what do you talk about? (Boyfriends, sex itself, the IN-CONTROL program)
3. Who do you talk to about sex the most? (Parent, friend, Ms. Stephanie)
4. How often have you had conversations with your parents/guardians about the different forms of contraceptives?
 - a. Do your parents recommend one type of contraceptive over another...which kind?
5. If you have spoken to them about sex and/or contraceptives who instigated the conversations?
6. Do you feel comfortable talking to your parent/guardian about sex? Why or why not?
7. Who do you think is responsible for contraceptives, you or the male?
8. Have you talked to your parents/guardians about sexually transmitted diseases? (What was said)
9. How did you hear about the IN-CONTROL program?
 - a. What did you hear about the program?
 - b. Where there other places that you heard about the program?
 - c. What did you hear about the program that made you want to join?

Appendix E

Sources Searched/Bibliography

To find past research on parent/guardian sexual communication with adolescents and the relation to condom usage, I utilized ComAbstracts and EbscoHost databases. These databases contain numerous communication articles and journals.

I queried the following:

- Communication and Adolescent and Teen
- Communication and Parent and Adolescent
- Communication and Parent and Teen
- Sex and Teen or Adolescent
- Sex and Communication
- Condom and Teen or Adolescent
- Condom and Parent and Teen
- Condom and Communication
- Journal of Health
 - Communication and Teen
 - Communication and Adolescent
- Journal of Adolescent Health
- Authors:
 - Hutchison—Expert in the field of family communication and the relation to condom usage.
 - Kann—Used by Hutchison and most authors who were writing on the topic of communication patterns.
 - Miller
 -

I did not enter specific date ranges; however I did not use articles that were printed before 1990.